

American Optometric Association NEWS

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News blog
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Volume 48

August 2009

No. 2



AOA spokesperson Michael Early, O.D., and Bill Nye 'the Science Guy' participate in a satellite media tour July 29 as part of the AOA's Ready for School campaign encouraging parents to schedule children's back-to-school check-ups.

See story, page 20.

AOA secures Nov. 1 Red Flag Rule enforcement delay

In response to growing concerns from the AOA and others, the Federal Trade Commission (FTC) is again delaying enforcement of a controversial regulation requiring businesses to guard against identity theft.

The agency's Red Flag Rule, which will require businesses to spot "red flags" indicating possible fraudulent

use of personal identifying information, is now slated to take effect Nov. 1.

Authorized under the federal Fair and Accurate Credit Transactions (FACT) Act of 2003, the Red Flag Rule requires any organization that acts as a creditor to "have identity theft preven-

See Red Flags, page 8

AOA president issues call-to-action as Congress begins summer recess

AOA President Randolph E. Brooks, O.D., issued a health care reform call-to-action as the U.S. House of Representatives began its August recess.

"It is essential that members of Congress hear directly from you now," said Dr. Brooks. "For the AOA to be successful in shaping national health care reform legislation, every OD and student must

play an active role getting our message directly to elected officials and key decision-makers on Capitol Hill."

Dr. Brooks noted that members of Congress will be heading home for their August recess and will be available for meetings with constituents in their hometown offices, in town hall

meetings and through local community events.

He urged members to review the AOA's Action Alert on National Health Care Reform at aoa.org/documents/ReformAlert.pdf

concerns as they work to influence the scope and direction of health care reform efforts."

Last month, more than 500 ODs and optometry students took time away from

their offices and studies to personally deliver optometry's message on health care reform to Capitol Hill at a critical time.

Dr. Brooks also urged members

to view video highlights on the AOA's

YouTube chan-

"For the AOA to be successful in shaping national health care reform legislation, every OD and student must play an active role getting our message directly to elected officials and key decision-makers on Capitol Hill."

and immediately get in touch with their elected representatives in the U.S. Senate and House of Representatives.

"They will begin casting important votes on health care reform once they return in September," Dr. Brooks said. "And it is important that they continue to hear optometry's priorities and

nel of ODs as they storm Capitol Hill to fight for patient access-based health care reform. The page is available at www.youtube.com/aoaweb.

The most far-reaching overhaul of health care in American history continues

See Reform, page 8



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President's Column

A friend remembered



4

Optometry's Meeting®

NECO student takes home crystal trophy, bragging rights



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13

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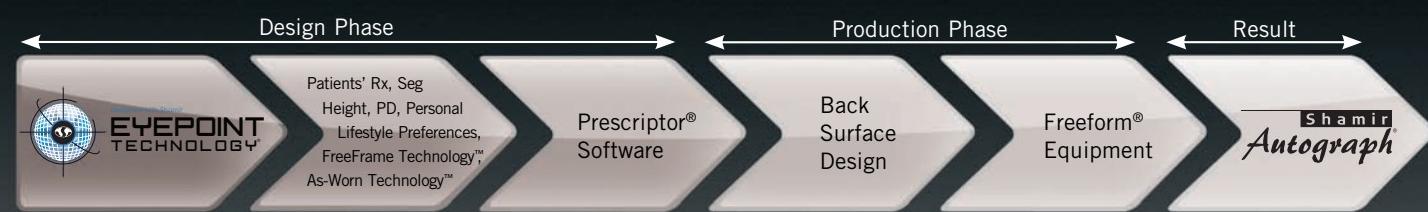
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PRESIDENT'S COLUMN

A friend remembered

Optometry lost a great leader when Pat Cummings' life was tragically cut short in an airplane crash in Florida last month. Pat was the passenger in his friend's aircraft when he and his friend, a retired airline pilot and naval aviator, perished in an accident that was both sudden and catastrophic.

Pat was more than a great husband, father, brother and son. He was more than a great optometrist to his patients where he practiced in Sheridan, Wyo., for 26 years.

As AOA president, Dr. Cummings was one of the principal architects of Healthy Eyes Healthy People® and InfantSEE®, but he was more than that. As the America's Region Vice President, Professional Development Group, at Vistakon®, Pat was a well-known leader in the ophthalmic community, but he was more than a knowledgeable and creative corporate executive.

Pat Cummings was more than all of these descriptions; he was a truly remarkable human being. Pat would always say and do the right things whether in business or in his personal life not because he had to, but because he wanted to. You could always count on Pat to do what was going to be fair for everyone. He had a moral compass that served him well throughout his personal and professional life.

I believe that the true measure of someone's life is not how much they did, but rather the "how" and the

"why" of their accomplishments. Pat's motivation was always for doing the right thing for the right reason. Pat knew not just how to get things done but how to do them fairly.

With Pat, when you went to him with a problem or asked him a question, he would smile at you and make you figure it out for yourself. After you got it figured out, he would say: "You are going to do just fine." He would instill confidence and was a constant source of inspiration. He made you think and look

He was one of the people who encouraged me to take up flying, and he always had words of encouragement when I pursued my private pilot's license several years ago.

Pat was also an incredibly careful aviator. For example, he always told me that his wristwatch was his fuel gauge and that since gauges could be inaccurate; he always clocked how many minutes he was in the air and knew exactly how many gallons were left in his tank. That was the type of pilot Pat

All of us in the optometric family mourn his loss and remember his many contributions. He used his leadership skills and passion in service of those who were most in need. In doing so, he raised up our whole profession.

within yourself for answers. And then he would put his arm around you and tell you that you are going to be alright. Pat was that type of person, always one to reassure his family, friends and colleagues.

Pat and his family had endured much happiness together but they also had to suffer the tragic loss of his son, Patrick, in an automobile accident six years ago.

Now, Becky and the rest of Pat's family have to suffer the tragedy of his loss in a private aircraft crash in Florida.

Pat was an accomplished pilot and built several aircraft.

was. He serviced and maintained his aircraft in a meticulous manner and recently finished building an airplane dedicated to his son Patrick.

He had a rather moving cockpit video of that first flight, and those of us attending his memorial service last month saw it again. It's a very sad occasion but all of us understood his devotion to his son and love of flying.

Pat Cummings was a skilled optometrist to his patients, a gifted leader of the AOA, a powerful voice for the profession in his work at Vistakon®, and a tireless champion for public health.



Dr. Brooks

More than that, he was my good friend.

My heart goes out to his entire family. All of us in the optometric family mourn his loss and remember his many contributions. He used his leadership skills and passion in service of those who were most in need. In doing so, he raised up our whole profession.

We will all miss Pat for his friendly smile, his reassuring arm on your shoulder and his gentle demeanor.

Rest peacefully, my friend.

Donations can be made to the scholarship fund established through Optometry's Charity™—The AOA Foundation in Cummings' honor. Donations may be sent to: Dr. Pat & Patrick Cummings Memorial Fund, Optometry's Charity™—The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.
Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.
Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.
Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.
Domestic subscriptions: \$123. International subscriptions: \$171.
Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).
Periodicals postage paid at New York, NY, and at additional mailing offices.
POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

Joint policy statement on VT based on outdated research

A “Joint Policy Statement” published online in the Journal *Pediatrics* on July 27 appears to cobble together outdated research and vision science, such as the controversial Irlen lens, in an attempt to discredit optometric vision therapy, according to prominent optometrists.

The policy statement, developed by the American Academy of Pediatrics, Section on Ophthalmology; American Academy of Ophthalmology; American Association for Pediatric Ophthalmology and Strabismus; and American Association of Certified Orthoptists, sheds doubt on the claim that vision therapy treats dyslexia – a claim that vision researchers and clinicians have not made for decades.

It also ignores the evidence of the proven benefits of vision therapy, such as in well-designed studies, most notably the Convergence Insufficiency Treatment Trial (CITT), which was funded by the National Eye Institute.

This study showed that vision therapy administered in an eye care provider’s office is the best course of treatment for that condition.

“This publication pretends to be a review of the literature, but instead is a straw man argument,” noted Leonard Press, O.D., chair of the AOA’s Pediatrics and Binocular Vision Committee and prominent member of the College of Optometrists in Vision Development (COVD).

“The references at the end, for example, include outdated research literature, and are padded with 23 references to the Irlen lens concept. None of the positive studies on vision therapy from optometric literature is

included.”

The timing of the “joint policy statement” seems curious as well, noted Dr. Press, with recent studies showing positive results from vision therapy and with prominent individuals from the academic and scientific communities supporting vision therapy.

❖ In May, Susan R. Barry, Ph.D., professor of neurobiology in the Department of Biological Sciences at Mount Holyoke College, published a book, “Fixing My Gaze,”

ment to unrelated conditions and then show the treatment is not successful,” he noted.

He prepared a detailed refutation of the “joint policy statement” (see sidebar) and told *AOA News* that he was grateful, in a way, for its publication because the paper provides another opportunity to cite relevant research, recount the success stories and raise awareness of the role of optometric vision therapy in treating vision conditions that inhibit learning.

Other prominent optometrists and educators also took issue with the “joint policy statement.”

“It should also be noted that every school and college of optometry teaches courses in and provides clinical experi-

ences for students in the area of vision therapy and that the procedures used in vision therapy have been codified within text books published by major publishers throughout the United States and the international community,” said Dominick M. Maino, O.D., M.Ed., professor of Pediatrics/Binocular Vision at the Illinois College of Optometry and editor of *Optometry & Vision Development*.

“Optometric vision therapy is a scientifically sound series of therapeutic procedures used successfully for a number of vision disorders from amblyopia to learning-related vision problems,” Dr. Maino said.

“In this era of evidence-based medicine it is disheartening to read this panel of ‘experts’ purposefully misleading the reader by disregarding recently published randomized clinical trials and the only quality research

“What the policy statements have consistently done is link vision therapy treatment to unrelated conditions and then show the treatment is not successful.”

about her long struggle with vision problems and the ultimate success of vision therapy treatment.

❖ More currently, there is the well-publicized success of former vision therapy patient Larry Fitzgerald as a wide receiver for the Super Bowl-contending Arizona Cardinals earlier this year. Fitzgerald credits his grandfather’s vision therapy treatments as a key to his success in catching the football. Just last month, Fitzgerald started working with COVD as a spokesperson.

❖ And now, as children and parents ready for the school year, and the AOA is engaged in a media campaign to raise awareness of the importance of having vision examinations before school, there appears to be a campaign to discredit vision therapy.

Dr. Press said there has been a regular pattern of such publications.

“What the policy statements have consistently done is link vision therapy treat-

A ‘flawed statement’ on learning disabilities, dyslexia and vision gets rehashed

By Leonard Press, O.D.

“Vision problems can interfere with learning, but vision problems are not the primary cause of reading or learning problems for most children. Therefore, any effort to improve a child’s visual performance through vision therapy is unsupported, even if your child happens to be one of those who might be helped by vision therapy.”

Any parent reading that statement would find it illogical if not misleading. Yet for the fourth time in four decades, the American Academy of Pediatrics, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists have combined their efforts to publish this notion in the guise of public interest.

This is the essence of the abstract of an article in the August 2009 issue of *Pediatrics* that states:

“Vision problems can interfere with the process of learning; however, vision problems are not the cause of primary dyslexia or learning disabilities. Scientific evidence does not support the efficacy of eye exercises, behavioral vision therapy, or special tinted filters or lenses for improving the long-term educational performance in these complex pediatric neurocognitive conditions.”

The American Optometric Association in a joint policy statement with the American Academy of Optometry has previously pointed out the flaws with the joint policy statement of the organizations above (1997, at www.aoa.org/x5420.xml). A point-by-point rebuttal of the misleading information intended to discredit optometric vision therapy was published by the AOA in its journal, *Optometry*. (Bowen MD, 2002). This latest iteration in the form of the *Pediatrics* article unfortunately recycles the same straw man arguments as the prior joint statements.

Here are the primary flaws and myths in the *Pediatrics* article:

1. “Convergence insufficiency and poor accommodation, both of which are uncommon in children, can interfere with the physical act of reading but not with decoding. Thus, treatment of these disorders can make reading more comfortable and may allow reading for longer periods of time but does not directly improve decoding or comprehension.” FACT: There is no basis for this statement. In fact, there is evidence to the contrary.

The definitive scientific study on convergence insufficiency was published by the Convergence Insufficiency Treatment Trial Study Group. The study was published in *Archives of Ophthalmology* in 2008, and involved children from the ages of 9 through 18. A key part of that study was the Convergence Insufficiency Symptom Survey (CISS) published by the CITT group in *Optometry and Vision Science* (2003). As noted by the CITT investigators, although it has been suggested that CI is not common in children, no data have been presented to support this position.

More important, consider the implications of the following items in the CI Symptom Survey on reading comprehension:

❖ Do you lose concentration when reading or doing

see Press, page 6



Statement,

from page 5

about the effectiveness of treatments for convergence insufficiency," said Mitchell Scheiman, O.D., chief of the Pediatric/Binocular Vision Service and a professor at

Salus University.

Dr. Scheiman was the study chair for the year-long CITT study, which had clinic sites in nine states and included 208 children.

"The authors of the joint policy statement falsely note that 'symptomatic convergence insufficiency can be treated with near-point exercises, prism convergence

exercises, or computer-based convergence exercises. Most of these exercises can be performed at home, and extensive in-office vision therapy is usually not required."

Alternatively, for other patients, reading glasses with base-in prism or minus lenses can be used as treatment," Dr. Scheiman said.

"The references they use to support these statements are not research studies, but are editorial responses to the CITT studies published in *Archives of Ophthalmology*. The authors of these editorials base their opinions about the effectiveness of home-based therapy on their 'clinical experience' and fail to present any quality data from randomized clinical trials. The authors also conveniently chose not to reference the only randomized clinical trial of base-in prism for the treatment of convergence insufficiency. That study, in fact, found that base-in prism was no more effective than placebo reading glasses," Dr. Scheiman said.

AOA President Randolph Brooks, O.D., said anyone interested in optometry's ability to facilitate learning should read "Vision, Learning and Dyslexia, A Joint Organizational Policy Statement of the American Academy of Optometry and the American Optometric Association" available at www.aoa.org/documents/Vision-Learning-Dyslexia.pdf.

"As indicated in that policy statement, 'The expected outcome of optometric intervention is an improvement in visual function with the alleviation of associated signs and symptoms. Optometric intervention for people with learning-related vision problems consists of lenses, prisms, and vision therapy. Vision therapy does not directly treat learning disabilities or dyslexia. Vision therapy is a treatment to improve visual efficiency and visual processing, thereby allowing the person to be more responsive to educational instruction. It does not preclude any other form of treatment and should be part of a multidisciplinary approach to learning disabilities.'"

Press,

from page 5

close work?

- ❖ Do you have trouble remembering what is read?
- ❖ Do you have double vision when reading or doing close work?
- ❖ Do you see words move, jump, swim, or appear to float on the page when reading or doing close work?
- ❖ Do you feel like you read slowly?
- ❖ Do you lose your place while reading or doing close work?
- ❖ Do you have to re-read the same line of words while reading?

For each of these questions, the affirmative response of the children diagnosed with convergence insufficiency was statistically much greater than the children with normal binocular vision.

For example, 43 percent of children with convergence insufficiency reported losing concentration fairly often or always when reading, as opposed to only 7 percent of the children with normal binocular vision. Thirty-four percent of the children with convergence insufficiency reported trouble remembering what is read as opposed to 9 percent of children with normal binocular vision. Forty-seven percent of the children with convergence insufficiency reported feeling like they read slowly as opposed to 9 percent of the children with normal binocular vision.

2. *"Many children with reading disabilities enjoy playing video games, including hand-held games, for prolonged periods. Playing video games requires concentration, visual perception, visual processing, eye movements, and eye-hand coordination. Convergence and accommodation are also required for hand-held games. Thus, if visual deficits were a major cause of reading disabilities, children with such disabilities would reject this vision-intensive activity."*

FACT: There is no basis for this statement. In fact, there is evidence to the contrary.

The statement that many children with reading disabilities enjoy playing video games is not substantiated by any evidence in the article.

Assuming that some evidence was presented for this, however, it would not be surprising.

In fact, it would support the concept that a subset of children with reading disabilities has unstable binocular and eye tracking skills for static stimuli, such as reading print on a crowded page, but excel in tracking dynamic or moving targets such as video games.

How, as a parent, might you infer this? Consider your experiences when trying to read in a car. How well are you able to concentrate on, and comprehend what you read?

Even if you're a good reader, chances are that the act of reading under conditions of instability induces not only discomfort, but can be distressing to the point of dizziness or nausea.

Try to play a hand-held video game in a car, and see if you have the same experience. Motivation is less relevant

here than physiology, and you too will find that video games are far easier to sustain.

For children with unstable binocular vision, the act of reading at a table is equivalent to someone with normal binocular vision trying to read in a car.

Although the medical professionals who put together this policy statement view this as incidental to comprehension, we suspect parents and non-biased professionals will agree that conditions such as convergence insufficiency may be highly relevant to reading comprehension and reading disabilities.

3. *"...is poorly validated because it relies on anecdotes, poorly designed studies, and poorly controlled or uncontrolled studies. Their reported benefits can often be explained by the placebo effect or by the traditional educational remedial techniques with which they are usually combined."*

FACT: The review of the literature conducted in this paper is highly selective and skewed.

Although papers have been published, and policy statements issued to counter the misinformation in this Joint Policy Statement, its authors continue to ignore factual criticisms. Interested readers are encouraged to review the Optometric Joint Policy Statement on these issues at: www.aoa.org/x5411.xml.

The literature supporting the efficacy of optometric vision therapy often exceeds the level of supportive literature for other forms of therapy touted in this paper and far exceeds the placebo effect.

The bulk of children with learning disabilities or dyslexia aided by optometric vision therapy come to us having already failed with other forms of intervention including educational remedial techniques.

Optometric vision therapy is not offered as a replacement for educational interventions. These children continue to struggle despite their parents reading to and with them, and spending countless hours on homework and reading tutors.

A final note is in order here. Susan R. Barry, Ph.D., is a professor of neurobiology at Mount Holyoke College who recently authored a book "Fixing My Gaze" (Basic Books, 2009).

Her book is endorsed by two Nobel laureates in Physiology and Medicine and a professor emeritus of ophthalmology and neuroscience at Yale.

Susan writes of her struggles to read as a child and the way in which she and her mother were patronized by the medical and educational systems that overlooked or devalued her visual problems.

She offers considerable scientific support as an antidote to the misinformation of joint policy statements such as the most recent version of the article in *Pediatrics*.

It should be required reading for anyone doubting the role of vision in learning and reading disabilities.



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'Red Flags' guidance offered for OD practices

The Federal Trade Commission (FTC) has once again delayed enforcement of its "Red Flag Rule"; but many optometrists are proceeding with measures to protect their patients from identity theft.

More than 700 AOA member optometric practices have downloaded the new AOA Red Flags Compliance Guide through the AOA Web site (www.aoa.org).

Assessing for identity theft in practices, and implementing procedures to prevent it, can be a prudent course of action, even if such steps are not required, the AOA Advocacy Group notes.

Because the risk of identity theft in eye care practices

is relatively low, appropriate measures to prevent the crime in optometric offices generally involve relatively simple steps such as checking photo identification for patients, the AOA Advocacy Group notes.

And should the Red Flag Rule take effect as now anticipated later this year, the FTC will have authority to levy potentially severe penalties should an identity theft incident occur in a practice that has not established formal safeguards to prevent such problems.

The AOA Red Flags Compliance Guide outlines a four-step procedure to ensure optometric practices implement identify theft protections required under the rule.

Identify red flags in the practice – Compile a list of potential indicators of identity theft that practitioners and staff should watch for. To assist, the guide lists common indicators of activity that might be encountered in an optometric practice, such as suspicious documents (e.g., a photo identification card that does not match the physical description of the patient) or suspicious personal identifying information (e.g., an address that does not match that listed in insurance records).

Detect red flags in the practice – Establish procedures for detecting the red flags on the list in the course of day-to-day operations. For example, establish the identity of a new patient by obtaining name, address and identification number from a current government-issued identification card, such as a driver's license or passport. The identity of existing patients can often be verified visually. However, to further protect existing patients, practices may wish to consider steps such as monitoring transactions and verifying change-of-address or other change-of-information requests.

The FTC emphasizes that prevention programs should involve steps appropriate to the degree of risk for identity theft in the business. Each practice should designate a staff member in charge of the program. Steps required in the health care practices under the federal Health Insurance Portability and Accountability privacy and security rules will generally help to prevent identity theft but will not be sufficient to ensure compliance with the FTC Red Flag Rule, the AOA Advocacy Group emphasizes.

AOA members can find the association's guidance on compliance with the FTC Red Flag Rule on the AOA Web site at www.aoa.org/FTCRDFlags.xml.

identity thieves' tactics, as well as changes in the practice (such as partnerships, acquisitions, or new arrangements with service providers).

The AOA Red Flags Compliance Guide outlines a four-step procedure to ensure optometric practices implement identify theft protections required under the rule.

Prevent identity theft and mitigate red flags identified in the practice – When a practitioner or staff member spots a red flag, he or she should be prepared to respond appropriately. Responses may include contacting the patient whose personal information is being misused, notifying law enforcement, or notifying business associates who may provide services to the victim or thief.

Update – The practice's red flag program should be periodically updated to reflect changes in technology or

Red Flags, from page 1

tion programs in place...to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft."

If the regulation was fully enforced in its current form and without changes backed by the AOA, all those deemed to be "creditors" would, like a financial institution, be required to develop and implement a written identity theft program.

Because health care practices often collect payment from patients or insurance companies after services are rendered, they are technically "creditors" and required to implement the ID theft safeguards mandated under the rule, the FTC says.

The rule was originally slated to take effect on Nov. 1 of last year, but as a result of continued pressure from Congress and a number of health care provider groups, the commission delayed enforcement first to Feb. 1 of this year and then to Aug. 1.

For nearly a year, the AOA has been working with pro-optometry leaders on Capitol Hill – including Rep. Nydia Velazquez (D-N.Y.), chairwoman of the U.S.

House Committee on Small Business – to urge FTC officials to reconsider their decision to classify ODs, MDs, dentists and other health providers as "creditors" under this new regulation.

The AOA has backed legislation in the U.S. House of Representatives (H.R. 2345) to exempt health care practices from Red Flags Rule requirements.

Introduced May 12 by Rep. John Adler (D-N.J.), the bill would exempt health care practices with 20 employees or fewer. Rep. Adler's bill remains pending before the House Committee on Financial Services.

The FTC earlier this year rejected requests from the AOA and other health care provider organizations to make health care practitioners exempt from the rule.

FTC administrators agree risk of identity theft crimes in health care practices is relatively low, but say ID prevention is appropriate in any business that provides credit and the prevention programs mandated under the regulation can be scaled appropriately to the risk of ID theft in the business.

Reform, from page 1

to advance through Congressional committees in both the Senate and House.

There are three different health care plans under serious consideration at this time.

Each proposal is intended to meet President Obama's objectives of extending health insurance coverage to tens of millions of uninsured Americans and restructuring how health care is provided in order to improve quality and reduce costs.

Although the financing mechanisms differ, the price tag for taxpayers is expected to approach \$1 trillion over 10 years.

The AOA is working to ensure that optometry is treated fairly and is fully recognized in any health care bill that advances toward enactment.

However, some in Congress, at the urging of the health insurance industry and organized medicine, are attempting to use health care

reform as a mechanism to preempt state patient protection/provider non-discrimination laws that ensure patient access to optometric care.

The AOA is working with Sen. Tom Harkin (D-Iowa) and supporting an amendment that was included in the Senate Health Committee's bill seeking to establish a federal provider non-discrimination/patient access law.

Bills currently emerging from the Senate Finance Committee and the House Energy and Commerce Committee do not address provider non-discrimination safeguards, though the AOA is at the center of efforts to add corrective amendments.

"Already, through the national network of federal Keypersons, the grassroots involvement of doctors and students through the AOA's Online Legislative Action Center and the resources of AOA-PAC, the AOA is building new support for optometry-specific legislation,

amendments and proposals," said Dr. Brooks. "However, countering the billions being spent on lobbying and ad campaigns by special interests, particularly those with an anti-optometry agenda, will not be easy as the health care reform battle enters a new, and perhaps final, phase following Congress's August recess."

"Optometry cannot out-spend giant industries with deep pockets, but it can out-work them," Dr. Brooks said. "This can be done by you today and in the coming days and weeks by meeting with your senators and congressman while they are home from Washington, D.C."

To contact members of Congress and urge them to support AOA-backed provider non-discrimination safeguards as a basic element of health care reform, visit www.aoa.org/advocacy.xml and click on the AOA's Legislative Action Center link at the top of the Doctor's page.



FDA recommends CL solutions' labels include discard dates, 'rub & rinse' directions

Under new recommendations about to be issued by the U.S. Food and Drug Administration (FDA), labels on contact lens solutions will soon specifically instruct users to "rub and rinse" lenses to avoid potentially sight-threatening eye infections as well as discard the solution by a specified date.

The FDA this spring announced plans to issue a revised industry guidance document on labeling and directions for contact lens care products and solutions.

The new guidance will be based on results of a June 10 FDA Ophthalmic Devices Panel meeting called to gather input from outside experts — including representatives of the AOA — on ways to improve contact lens safety.

The meeting was held in the wake of a 2007 *Acanthamoeba* keratitis outbreak that prompted public warnings to lens wearers from the U.S. Centers for Disease Control and Prevention.

The planned new FDA labeling recommendations will apply to multipurpose contact lens care products that can be used to clean, disinfect, and rinse contact lenses.

Under its new guidance, the FDA plans to recommend:

- ❖ Contact lens solution manufacturers include a discard date on their products, in addition to the usual expiration date. "Consumers should never use expired products," an FDA statement emphasized. "The discard date is the date the solution should be thrown out after opening."
- ❖ Contact lens wearers should rub and rinse their lenses for added effectiveness of cleaning and disinfection. "This recommendation is consistent with advice from the American Optometric Association and the American Academy of Ophthalmology.

The direction to 'Rub and Rinse' your lenses, based on the advice of your eye care professional, has always been part of 'No Rub' consumer labeling for multipurpose care products," the FDA statement notes.

The rub and rinse method

remove any debris attached to the lens.

"Research has shown that this procedure helps remove more bacteria, protein, and other deposits from the surface of the lens," the FDA notes. "This may contribute to better lens hygiene and safety."

"Not emptying the solution out of your contact lens case after each use could cost you your sight."

of contact lens cleaning is similar to washing one's hands, the FDA notes.

Multipurpose solution is placed on the lens in the palm of the hand. With the index finger of the opposite hand, the solution is rubbed over the surface of the contact lens for five to 10 seconds. The lens is turned over and the procedure is repeated. Finally, a strong stream of the contact lens multipurpose solution is sprayed over both sides of the lens to

"The rub and rinse method is based on the same concept as hand washing," Bernard Lepri, O.D., of the FDA's Division of Ophthalmic and Ear, Nose and Throat Devices said. "You get more dirt off of your hands by rubbing them with soap and then rinsing, rather than merely just rinsing."

Failure to properly use contact lenses and cleaning solutions can result in bacterial or fungal eye infections, both

of which can have serious consequences, such as permanent loss of sight, if left untreated, the FDA notes.

The FDA has also issued new public education materials, urging contact lens wearers to refill their lens cases with fresh solution each time they wear their lenses.

"Not emptying the solution out of your contact lens case after each use could cost you your sight. That's because solutions that are left over in the case after a disinfection cycle are essentially 'dirty.' Using fresh solution each time helps reduce the risk of problems," the FDA materials warn.

"The solution no longer has the same effectiveness for disinfection as when it was freshly placed in the case," Dr. Lepri adds. "The leftover solution can have little disinfecting chemical left to kill bacteria and other micro-organisms that may contaminate your contact lenses and lead to serious eye infections."

"Don't 'top-off' the solu-



FDA consumer education article

tions in your case. Always discard all of the leftover contact lens solution after each use. Never reuse any lens solution," the FDA materials warn.

The new guidance also comes following a January 2009 workshop, "Microbiological Testing of Contact Lens Care Products," convened by the FDA in collaboration with the AOA and several other eye care professional groups, to develop consensus on test methods for evaluating contact lens solutions and preventing *Acanthamoeba* keratitis.

Dos and Don'ts for Contact Lens Wearers

DO:

- ❖ Always wash your hands before handling contact lenses to reduce the chance of getting an infection.
- ❖ Remove the lenses immediately and consult your eye care professional if your eyes become red, irritated, or your vision changes.
- ❖ Always follow the directions of your eye care professional and all labeling instruction for proper use of contact lenses and lens care products.
- ❖ Use contact lens products and solutions recommended by your eye care professional.
- ❖ Rub and rinse your contact lenses as directed by your eye care professional.
- ❖ Clean and disinfect your lenses properly following all labeling instructions provided with your lens care products.
- ❖ Clean, rinse, and air dry your lens case each time lenses are removed. You may want to flip over your lens case while air drying so that excess solution can drain out of the case. Contact lens cases can be a source of bacterial growth.
- ❖ Replace your contact lens storage case every three to six months.

DON'T:

- ❖ Don't use contact lens solutions that have gone beyond the expiration or discard date.
- ❖ Don't "top-off" the solutions in your case. Always discard all of the leftover contact lens solution after each use. Never reuse any lens solution.
- ❖ Don't expose your contact lenses to any water: tap, bottled, distilled, lake, or ocean water. Never use non-sterile water (distilled water, tap water, or any homemade saline solution). Exposure of contact lenses to water has been associated with *Acanthamoeba* keratitis, a corneal infection that is resistant to treatment and cure.
- ❖ Don't put your lenses in your mouth to wet them. Saliva is not a sterile solution.
- ❖ Don't transfer contact lens solutions into smaller travel-size containers. This can affect the sterility of the solution, which can lead to an eye infection. Transferring solutions into smaller size containers may also leave consumers open to accidentally using a solution that is not intended for the eyes.



AOA active component in push to advance consistent public eye health message

Representatives from the AOA and more than 100 other vision community stakeholders assembled last month at the Eye Health Summit, a first-of-its-kind event designed to begin the process of building a strong consensus among interested parties in the vision community on a public health message.

"This was the broadest collaboration of eye care providers, professional associations, industry groups, non-profit charitable organizations and government entities involved in eye care that has ever occurred," said Randolph Brooks, O.D., AOA president. "The development of a cohesive message from the entire eye health community will receive broad acceptance and help our efforts to ensure that the public understands the importance of regular comprehensive eye examinations."

The summit began with attendees conducting one-on-one interviews with each other to learn more about who they were, where they were from and what they hoped to

accomplish at the summit. Interviews from individuals not able to attend the summit were also shared among participants. Following the interviews, a compilation video was shown of various eye health messages from various organizations.

A panel discussion was then facilitated, featuring Paula Berezin, founder of Social Capital, who spoke on best practices for cause marketing partnership, and Jennifer Patterson and Emily Yu of Ogilvy Public Relations, who presented on their work with the Heart Truth Campaign, a partnership between the American Heart Association, the National Heart, Blood and Lung Institute and corporate partners such as Diet Coke and American Express.

"Hearing from the panelists was very enlightening and really helped to show that it is possible for an entire eye health community to join together to promote a cause," said Barry Barresi, O.D., Ph.D., AOA executive director and member of the Eye

Health Coalition Core Planning Team. "The panel discussion left us on a positive note to develop ideas for how a unified campaign could increase the number of Americans who access comprehensive eye exams."

The first day concluded

"In planning the summit, we knew that having the right people at the event was critical in order for us to make a difference," said Ed Greene, CEO of The Vision Council, the host of the summit. "Those who attended the event and those who provided input prior

about the best, most positive way for the community to tell the story about advancing public/eye health. Appreciative Inquiry works by engaging groups in identifying and studying what's working well and applying these positive resources to generate energy and new ideas for resolving complex challenges.

"The Eye Health Summit had organized a successful, productive two-day meeting, which continuously prepared us to co-create a singular message that would most impact the public," said Hilary Hawthorne, O.D., AOA Communications Group Executive Committee member. "The importance of this collaboration will be profound once the Core Planning Team completes their planning and implementation steps."

Following the Summit, the Core Planning Team, a cross-section of representatives from the eye and vision health community involved with the planning of the summit, met to review notes and feedback from the event.

The Core Planning Team created an initial event summary, which is posted on www.eyehealthsummit.com, along with photos and an event video. Next steps for the public health message development are also outlined.

"Hearing from the panelists was very enlightening and really helped to show that it is possible for an entire eye health community to join together to promote a cause."

as attendees broke into small groups to envision and then act out what they would consider success in 2015.

Rejoining the next day, summit attendees broke out into large groups where they brainstormed on the design of the campaign, including core elements of the public health message, communication strategies, the type of organization to manage the implementation and funding possibilities.

to the summit added valuable insight to the process of creating a unified public health message."

Vision problems are the second most prevalent health problem in the country, affecting more than 120 million Americans. There are currently many messages, sometimes confusing, to consumers about how to best care for their vision health. A unified public health message would potentially mean earlier diagnosis of disease and improved quality of life for many.

Summit participants joined in a facilitated discussion using the "Appreciative Inquiry" method to gather ideas and build consensus

Interactive children's museum offers eye exhibits, screening

Olympia, Washington's popular Hands On Children's Museum this fall will feature "All About Eyes," an interactive exhibition on vision and eye health — with children invited to take part in an eye screening as the final exhibit.

This innovative children's eye health exhibition is being sponsored by Optometric Physicians of Washington (OPW) as an AOA Healthy Eyes Health People® (HEHP) public outreach project. As part of the project, OPW will make the exhibition and screening available free of charge to many families.

State HEHP Committee Chair Cynthia Ruggeiro, O.D., MPH, who worked with Museam Development Manager Kathy Irwin to

develop All About Eyes, believes the exhibition will effectively prompt many parents to have their children screened for eye and vision problems. It will also make the screening less intimidating for children and the results more meaningful for both parents and their offspring, she says.

Children will first enjoy a series of interactive exhibits such as "See Like A Bee" and "How Animals See," both designed to help them experience vision through the eyes of an animal, and "Seeing Eye Dog," designed to help children understand the concept of sightlessness.

They will then be invited to have their own eyes screened by OPW member optometric physicians. Results will be reviewed with both parents and children, Dr.

Ruggeiro said. Should screenings reveal vision or eye health problems, screeners will refer museum-goers for full examinations.

The All About Eyes exhibit is the second children's museum collaboration the OPW has established. In 2007, the Imagine Children's Museum in Everett, Wash., was the recipient of a HEHP grant for its "Can You See How I See" exhibition that focused on childhood vision impairments. The program proved extremely popular and was followed up by a K.I.D.S. grant-funded exhibit on sports eye safety.

For its 2009 HEHP project, the OPW is moving the exhibition to the acclaimed Hands On museum; for more than a decade ranked in local

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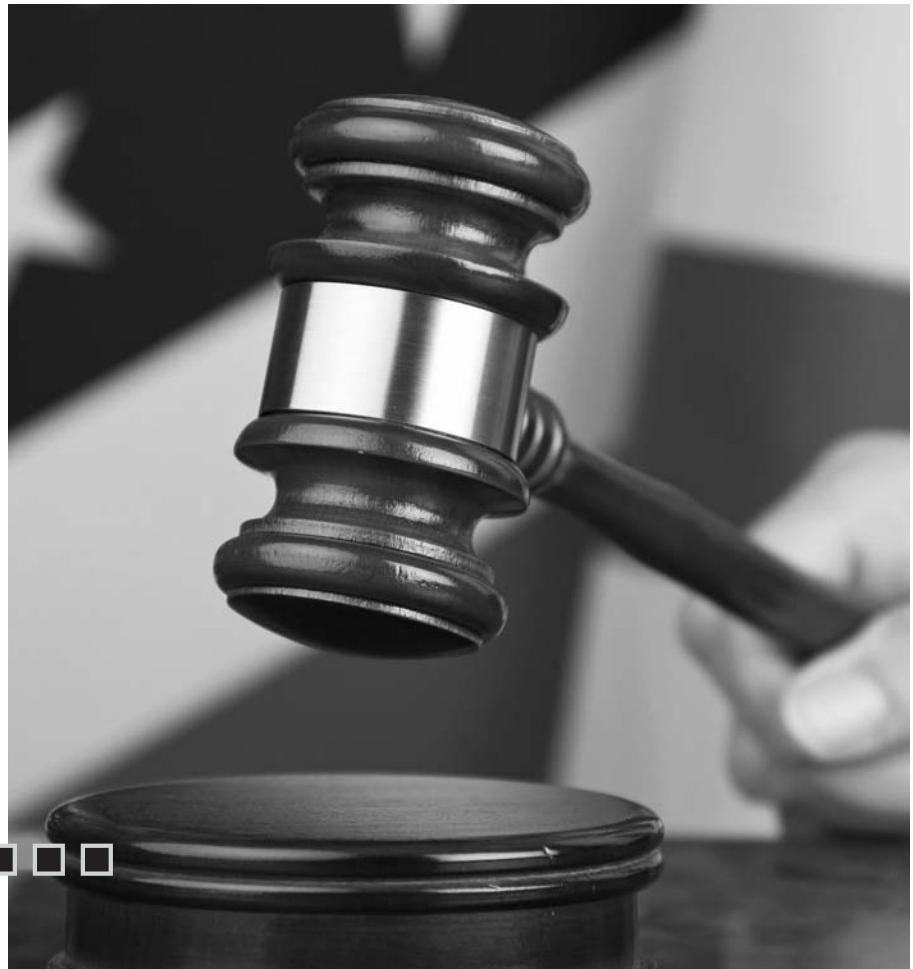
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ICO hosts program to introduce minority students to profession

Two dozen college students from across the country learned more about the profession of optometry during the Illinois College of Optometry's (ICO) "Focus on Your Future" summer program last month.

The week-long program, now in its second year, is designed to introduce underrepresented minority undergrads to the profession of optometry.

"This program provides an opportunity for students to meet other people who have similar backgrounds and share the same desire to get into the profession of optometry," said Teisha Johnson, director of admissions and marketing for ICO. "As one of the world's leading urban optometric institutions, ICO is pleased to offer

this unique summer experience at no cost to the participating students, with the exception of travel and transportation fees."

Participants attended sample optometry course lectures about topics such as neuroanatomy and optics and ICO student panel discussions.

They were given an overview of the ICO admissions process and participated in career and leadership development sessions.

They also gained valuable clinical experience by observing in the Illinois Eye Institute and experiencing ICO student life by staying in ICO's residential complex during the program.

This experience introduces students to a growing profession. According to the U.S. Department of Labor,



Twenty-four college students participated in the Illinois College of Optometry's "Focus on Your Future" program last month. "Focus on Your Future" aims to bridge the discrepancy in minority enrollment in OD programs compared to the general population.

employment of optometrists is projected to increase 7 to 13 percent through 2016 as a result of the vision care needs of a growing and aging population.

"Optometry is a great career possibility for me, and this program is a great way to get exposed to the profession," said Nya Randle-El, a sophomore at Moraine Valley Community College. "My favorite part of the program so far has been the hands-on learning with the instruments, but I have also enjoyed the lectures."

The "Focus on Your Future" program is open to all undergraduate underrepresented minority students who are currently in their first, second or third year of college.

Interested students are required to participate in an application process. They're also asked to submit a one-page personal essay describing their motivation to participate in the program and the profession and a letter of support from an academic adviser or faculty member.

ICO would like to see

participation in OD programs better reflect the general population, especially with the growth in underrepresented patient populations.

Currently, only 3 percent of all optometry students are black and only 4.5 percent are Hispanic or Latino, according to the Association of Schools and Colleges of Optometry.

"Focus on Your Future" aims to bridge the discrepancy in minority enrollment in OD programs compared to the general population.

KOA recognizes Young OD

Chad Thompson, O.D.
Kansas Optometric Association

Chad Thompson, O.D., is a 1999 graduate of the Southern College of Optometry.

He practices with Bren Myers, O.D., in both Beloit, Kan., and Smith Center, Kan.

Dr. Thompson has been an active member of the AOA, the Kansas Optometric Association, and the Heart of America Contact Lens Society since graduating in 1999.

He is a member of the political action committees for both the KOA and the AOA and serves as KOA's Northeast Zone president.

Dr. Thompson has served as chair of the KOA Education Committee and as a member of the KOA Third Party Committee and the KOA Assistance to Graduates and Undergraduates Committees.



Due to an editorial error, the AOA News is republishing the Kansas Optometric Association's Young Optometrist of the Year biography from the June issue.

Horne named vp, dean at Salus

Robert E. Horne has been appointed vice president and dean of Student Affairs at Salus University, effective July 1, 2009. In announcing the appointment, university President Thomas L. Lewis, O.D., Ph.D., cited Horne's efforts as "an outstanding advocate for the needs of all students at the university" and his management of those services impacting the student experience at the university.

Horne joined Salus University in 1976 as director of Minority Student Affairs and has served as dean of Student Affairs since 1992.

For his exceptional efforts to enhance the diversity of the Salus student body,

Horne has been recognized on several occasions by the National Optometric Association.

Due to his efforts, from 1978 to 2007, Health Careers Opportunity grants awarded by the Health Resources and Services Administration of the U.S. Department of Health & Human Services allowed the Pennsylvania College of Optometry at Salus University to develop and implement a Summer Enrichment Program for the past 31 years, enabling hundreds of students to achieve their dream of becoming optometrists.

Horne is a member of the National Association of Graduate Admissions



Horne

Professionals, American Association of Collegiate Registrars and Admissions Officers, and the National Association of Medical Minority Educators.

Horne is married to Valerie Collick-Horne and is the father of two adult daughters, Brittany and Brianna.

NECO student takes home crystal trophy, bragging rights

Essilor of America, Inc. again sponsored the highly anticipated annual Varilux® Optometry Student Bowl™ at this year's Optometry's Meeting®.

The Varilux® Optometry Student Bowl™ drew more than 1,200 students, practitioners and staff.

Aarlan Aceto of the New England College of Optometry took home the prized crystal Student Bowl™ trophy and \$1,000 in prize money.

"I was thrilled for the opportunity to compete against so many talented students," said Aceto. "It's an honor to bring this prestigious recognition to New England College of Optometry for the first time."

Aceto won by answering the final question correctly:

❖ *The Rx of the patient's glasses is: O.D. +2.75 -1.00 X180, O.S. +2.75 -1.00 X180. The distance between optical centers of the lenses is 56 mm. Your patient's PD is 66 mm. When the patient is wearing these glasses, how much prism is induced and in what direction?*

Answer: 2.75△ Base In

Students from all 19 optometry schools in North America competed in the annual event, which showcases students' knowledge and builds camaraderie and friendly competition between the schools.

The crystal Student

Bowl™ trophy will go to the New England College of Optometry where it will be held until next year's event.

Second place and \$750 went to Mark Axford of the Pennsylvania College of Optometry at Salus University.

Third place and \$500 went to Michael Koditek of the Pacific University College of Optometry.

Last year's Spirit Award winner, Pacific University College of Optometry, created an entertaining video to detail the rules of the competition.

This year's Spirit Award winner, The Ohio State University College of Optometry, will have the honor of creating next year's video.

"We are excited to continue to offer optometry students the chance to compete with the best and brightest students in their field," said Rod Tahran, O.D., vice president of professional relations and clinical affairs for Essilor of America.

"As a part of Essilor's partnership with eye care professionals, we are proud to sponsor an event that supports the future of optometry," he said.

This year's panel of judges included:

❖ Linda Casser, O.D., dean of the Pennsylvania College of Optometry and the 1997 AOA Optometrist

of the Year

- ❖ Irv Borish, O.D., clinician, researcher, inventor, educator, philanthropist and often called the father of modern optometry
- ❖ Joe Shovlin, O.D., member of the American Academy of Optometry Board of Directors
- ❖ Joe Ellis, O.D., AOA president-elect
- ❖ Howard Purcell, O.D., vice president of customer development for Essilor of America

The Varilux® Optometry Student Bowl™ is coordinated by Danne Ventura, director, professional relations, Essilor of America, and for the eighth consecutive year, the event was hosted by David Seibel, O.D., a private practitioner in St. Louis. He is past chair of the AOA Contact Lens and Cornea Section and was awarded the American Optometric Student Association Founders Award in 2005.



More than 1,200 students, practitioners and staff cheered on their school or college of optometry at the 2009 Varilux® Optometry Student Bowl™ at Optometry's Meeting® in June. New England College of Optometry student Aarlan Aceto won the event showcasing his knowledge. Photo by Tonia Batts

Optometry's Meeting® professional attendees awarded exceptional prizes, grants

Highlights from the 2009 Optometry's Meeting® included several grants and prizes awarded to professional attendees.

The Money to Burn Exhibit Hall \$1,500 prizes went to:

- ❖ Jill Marcus, O.D.
- ❖ Kristina Burton, O.D.
- ❖ Rob Jordan, O.D., and Dylan Bondurant, O.D.

The Money to Burn prizes for \$1,000 were awarded to:

- ❖ Haby Ramirez, O.D.
- ❖ Sheri Bieter, O.D.
- ❖ Ron Price, O.D., Gary Young, O.D., Sam Odle, O.D., and Brian Horsch, O.D.
- ❖ Myles McCartney, O.D.
- ❖ John J. Florio, O.D.
- ❖ Stacey Michaels, O.D.

The Vision Care Institute™, LLC, presented two \$595 travel grants per school or college of optometry as well as a \$1,000

grand prize grant at the meeting. Elizabeth Lawson of the Southern College of Optometry received the \$1,000 grant.

Allergan sponsored two \$500 travel grants to students at each school or college of optometry along with three \$1,000 grants that went to:

- ❖ Erin Draper of the Pennsylvania College of Optometry at Salus University
- ❖ Timothy Houghland of the University of Missouri—St. Louis College of Optometry
- ❖ Rachel Spillane of the Pacific University College of Optometry.

The winners of the two \$1,500 TLC iConnect Scholarships were:

- ❖ Anna Greene and Kathleen O'Leary of the Pennsylvania College of Optometry at Salus University
- ❖ Heather Cowie of the University of Waterloo School of Optometry

New ways to connect with AOA...

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Brain cancer survivor's book recounts importance of eye exam

In his recently published autobiography, brain cancer survivor Don Evans recounts how, as a teenager, he spent years trying to identify the health problem that many believed was psychosomatic and then struggled to overcome the post-surgical paralysis that doctors predicted would leave him permanently debilitated.

"Optometrists today have earned a place as an integral and important part of the health care system. They really are accepted by other health care practitioners — and with good reason."

"It's about hoping and dreaming and never giving up," Evans says of the book.

It also holds a moral for optometrists and for other health care professionals, according to Carl Golightly, O.D., who performed the eye examination that ultimately uncovered Evans' brain tumor.

"Optometrists really are on the frontlines of health care," Dr. Golightly said.

Back in the mid-1970s, as he entered his teen years in his hometown of Michigan City, Ind., Evans began suffering excruciating headaches and severe nausea.

With his parents, Evans spent almost two years consulting physicians across northwestern Indiana and undergoing numerous tests in an unsuccessful effort to find the cause.

Friends and family began to believe Evans was "imagining" the problem.

Then, at age 16, Evans and his mother visited Dr. Golightly for a routine vision check and eye examination, which they hoped might also finally shed some light on the boy's ongoing health problems.

A retinal examination immediately revealed papilledema. "I knew right away we had a serious health problem that would require

referral," Dr. Golightly recalled.

Given the swelling of the optic nerve and the progression of the patient's symptoms, a brain tumor was the probable diagnosis, he assessed.

"The tumor was obviously subclinical and none of the doctors he had seen were skillful enough to observe the

however, the prognosis was not good, Northwestern practitioners warned. Worldwide, only three surgeons were familiar with the procedure required to remove the tumor. The surgeon who ultimately removed the tumor had performed the procedure only 18 times previously.

While the tumor was successfully removed, Evans was comatose for five days following surgery and in a near-vegetative state for three months.

Although he regained some use of his upper body while in the hospital, his surgeon predicted he would never walk again. However, over a period of months at the Chicago Institute of Rehabilitation, Evans regained not only his ability to walk, but run.

Today, in middle age, Evans is married with two children and has enjoyed a successful career as an oper-

ating engineer in Michigan City steel plants.

Evans authored his new book, "The Amazing," to celebrate "a life now lived," the *Michigan City News Dispatch* reported. Evans credits his eye examination with saving his life.

Over the past three decades such diagnostic examinations have made a crucial difference for many patients as well as for the profession of optometry, Dr. Golightly observes.

"Optometrists today have earned a place as an integral and important part of the health care system. They really are accepted by other health care practitioners — and with good reason. The eye examination can offer insight into overall systemic health in ways that might not be achievable otherwise. Most health care providers, for example, would never have the opportunity to see a

fundus photo or understand all that it can reveal about a patient," Dr. Golightly said.

"Brain tumors are not common but they can be lethal, and optometrists can play an important role in their early detection. Prompt optometric referrals to the appropriate health care provider will continue to forge the interdisciplinary relationships necessary as optometry strengthens its role in primary patient care," he said.

"Optometrists should also recognize that as primary care providers, we regularly exercise patient management skills that can be comforting and important to a patient with a potentially serious condition. Reassure patients and encourage them to keep referral appointments," Dr. Golightly said.

Evans' book, "The Amazing," can be purchased online at www.amazon.com or at www.booksurge.com.

Exhibit, from page 10

polls among southeast Washington's top two "Best Family Friendly Places" and the area's "Best Place to Take Kids." The museum has consistently won praise from educators, community leaders, the museum industry and, most important, from kids and their families, Dr. Ruggeiro notes. The museum features five exhibit galleries, and serves more than 150,000 visitors a year in their offsite and onsite programs.

The HEHP grant will allow updating of exhibits, arranging for association members to provide the onsite eye screenings, and subsidizing free admission.

The Hands On Children's Museum and the HEHP All About Eyes exhibition have proven a natural partnership in several respects, Dr. Ruggeiro said.

"The Hands On Children's Museum stimulates curiosity, creativity and learning through fun interactive exhibits and programs for children, families and school

groups," Dr. Ruggeiro said. "All About Eyes is an interactive exhibition designed to help those audiences learn more about of importance of good vision in an entertaining way."

The interactive eye exhibits fits will with the museum's "hand on" theme and the addition of participation in an eye screening takes the interactivity to a new level, she notes.

With admission fees covering only half the cost of its exhibits, the museum often has to rely on contributions and partnerships to meet expenses. Many people attend exhibitions under the museum's free admission program.

The AOA Healthy Eyes Healthy People® Community Grant program, funded by Luxottica, Inc and Vision Service Plan, provides funds to state optometric associations for innovative eye and vision care community outreach projects. Under the grant program rules, projects must be undertaken in conjunction with an outside entity.

"Thanks to this grant, the

museum will be able to bring back and update elements of the All About Eyes exhibit that proved so popular when it was introduced last fall and again feature hands on activities to teach young children and their families the importance of good eye care," said Dr. Ruggeiro.

"With its central location, in Olympia's popular Capital Campus area, the museum will be able to reach out to a broad range of children in five surrounding counties and is able to serve rural, underserved and special needs children who may not already receive vision screenings or vision care," Dr. Ruggeiro observed.

"Children's museums are an excellent venue to promote the importance of eye health and vision care to school-age and preschool-age children and their families. We hope to offer this opportunity to other children's museums in Washington state."

Additional information on the AOA HEHP program is available on the AOA Web site at www.aoa.org/x4792.xml.



SPOTLIGHT ON AOA MEMBERS

Conn. OD active in Medical Reserve Corps

With the H1N1 flu virus and potential domestic terrorism threats, the need for trained medical personnel, including optometrists, to support public health authorities is on the rise.

E. Robert Bertolli, O.D., of Branford, Conn., is a volunteer on the frontline of the Medical Reserve Corps, which is housed in the Office of the Surgeon General and is a partner program with the White House's Freedom Corps and the Department of Homeland Security's Citizen Corps.

The Medical Reserve Corps is activated by request when local public health authorities require support to:

- ❖ Provide medical care, administer vaccines and dispense medications
- ❖ Provide health education as part of a local public health initiative
- ❖ Provide counseling for victims, families and responders
- ❖ Promote preparedness
- ❖ Provide administrative, logistical and communications support.

Classroom and online training prepares volunteers for drills and for mobilization. Face-to-face training allows the volunteers to be familiar with one another.

The Medical Reserve Corps follows the National Incident Management System (NIMS) and Incident Command Structure (ICS).

"NIMS is based upon 'a balance of flexibility and standardization' in that someone in a particular capacity from one jurisdiction may be inserted in

another jurisdiction and be qualified and capable to perform in a familiar universal structure," according to Dr. Bertolli. "Flexibility is inherent in that the response is adjustable to manage any type, size or location of domestic incident."

More information about the NIMS is available at www.fema.gov/emergency/nims>AboutNIMS.shtml.

Dr. Bertolli recently participated in a full-scale anthrax drill as part of his involvement in the Medical Reserve Corps.

As part of the drill, the Medical Reserve Corps was activated and sworn in for a five-town region after the simulated release of an anthrax bioweapon.

Within four hours, all critical staff and their family members, numbering more than 2,300, were set to receive prophylactic antibiotics. The rest of the area population would have a 10-day supply of pharmaceuticals within 48 hours.

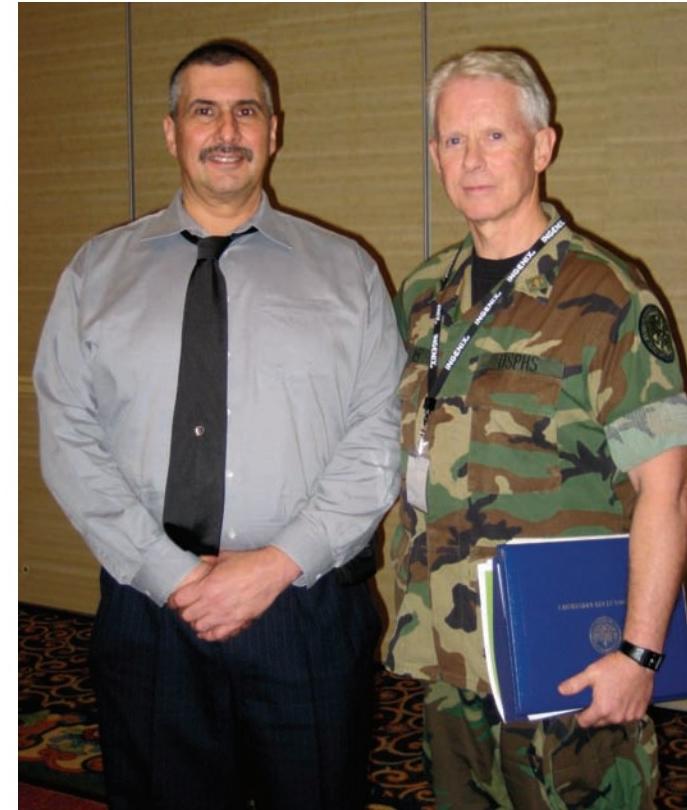
"Health care practitioners, pharmacists, law enforcement, public health and other personnel, through teamwork, allowed the drill to progress smoothly with distribution ahead of time," said Dr. Bertolli. "This is the 'First Meds Full-Scale Exercise' involving the Medical Reserve Corps for a local health region, under the direction of the Connecticut Public Health System and Department of Emergency Management and Homeland Security. Although this drill was originally designed as response to an anthrax release, the H1N1 sit-

uation began unfolding shortly prior to the exercise, thus demonstrating potential and possibly impending application of the system."

In addition to his Medical Service Corps work, Dr. Bertolli is on the Executive Advisory Board for Certification in Homeland Security and an adjunct speaker for the Connecticut Police Academy on the medical aspects of Horizontal Gaze Nystagmus (HGN) and the use of vision science in detecting alcohol and drug impairment for driving under the influence enforcement.

Connecticut police surgeon and HGN court expert Gus Forkiotis, O.D., taught Dr. Bertolli the vision science behind the Standard Field Sobriety Test nearly a decade ago.

"With HGN and other physiological testing, impairment from alcohol and/or drugs may be determined," said Dr. Bertolli. "From there, I joined Dr. D. Robert Pannone and Dr. Forkiotis in teaching the medical aspects of HGN at the Connecticut Police Academy for in-service officers and troopers. Since eye signs can reveal drug impairment, I thought that why not look at eye findings in WMD (weapons of mass destruction) exposure and assemble a program for officer safety. I put together a guide for rapidly determining exposure to some of the faster-acting, more deadly WMDs such as for nerve agent, botulism, etc. At the time of the writing, domestic terrorism was thought to be a possibility. Dr. Forkiotis and I wrote an article describing these ocular findings and submitted it to an optometric journal. The editor thought it was interesting, but did not fit a need in optometric practice. This was spring 2001. Then on Sept. 11, 2001, four aircraft were used as mobile incendiary devices and caused much destruction and heartache, reverberating to this



Dr. Bertolli, left, is shown with Capt. Clifford Brown, O.D., at the 2008 Association of Military Surgeons of the U.S. in San Antonio. Dr. Bertolli was a lecturer at the conference.

day. After that dark day, the editor published our paper."

In addition to several other articles published for forensic and counter-terrorism organizations, Dr. Bertolli also wrote a book, "Shields Against Terrorism: Guarding Against Unconventional Attack," with Dr. Forkiotis and Hazel Dawkins.

"During the research that went into the book and papers, I became aware of certain unfriendly countries that had a history of using WMDs and currently possessed some very dangerous weapons such as anthrax and smallpox," said Dr. Bertolli. "I wanted to be available locally to respond if an incident occurred, so I joined the local health district's smallpox emergency response team, where we were trained in administering the smallpox vaccine. Iraq was one of the unfriendly states that intelligence believed to have smallpox, botulism and anthrax. After the U.S. secured Iraq, the 'fever' for smallpox vaccination response dwindled. The teams were evolved

into Emergency Response Teams for natural and man-made events and then later became part of the Medical Reserve Corps."

Dr. Bertolli stressed the need for optometrists in the Medical Reserve Corps.

"We hope that many of our optometry brothers and sisters will contact the local health department and ask about the MRC," said Dr. Bertolli.

"The MRC needs more volunteers. Optometrists can demonstrate the concern for public safety and also find reason to expand the scope of practice. Members of the AOA are encouraged to learn about the MRC, speak with the local public health departments, and see if they may wish to represent optometry in this arena."

"For the optometric physician, the tasks are limited to the scope of practice allowed in that state," Dr. Bertolli explained. "For exam-

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share?

Drop a line to TLOverton@aoa.org.

see MRC, page 16



Section places new emphasis on rehabilitation

With a new name and an expanding mission, the AOA Vision Rehabilitation Section (VRS) is gearing up new efforts to support optometry's increasingly important role in the growing field of rehabilitation services, according to section Chair Mark E. Wilkinson, O.D.

Formerly known as the AOA Low Vision Rehabilitation Section, the group was originally established by the AOA Board of Trustees to support optometric services for patients who are legally blind or visually impaired and cannot achieve functional vision through the use of conventional corrective lenses, Dr. Wilkinson noted.

Traditionally such care has involved the prescribing and fitting of patients with low vision devices such as telescopes and magnifiers, Dr. Wilkinson observed.

However, over the decades, low vision care has increasingly involved not only devices, but patient education and training to optimize the use of remaining vision, Dr. Wilkinson explained.

"In many respects, it has become similar to physical, occupational or speech therapy," Dr. Wilkinson said.

The section's name was formally changed during Optometry's Meeting® 2009 to reflect not only the increasing importance of rehabilitative therapy for such patients but the growing range of patients for whom such care may be appropriate, Dr. Wilkinson said.

"One example is the vision rehabilitation involved in brain injury, where patients may be able to see 20/20, and so do not fall under the classification of low vision, but may experience vision

impairment that requires rehabilitative care," Dr. Wilkinson said.

The section supports the inclusion of optometrists in an interdisciplinary approach to rehabilitation alongside neurologists and various types of therapists.

For optometrists desiring enhanced professional expertise in low vision rehabilitation, the section will be providing its Low Vision University continuing education programs at several state association optometric conferences in the coming months.

Section membership includes guidelines on the examination of individuals with vision impairment, access to an online forum, and an e-mail newsletter.

For additional information, see the AOA Vision Rehabilitation Section Page at (www.aoa.org/x4786.xml).



Dr. Bertolli presents his course, "Vision Science for Law Enforcement," at the Missouri Sherriffs' Association summer conference on July 20.

MRC, from page 15

ple, the Connecticut optometrist may train to administer the smallpox vaccine, but may not perform the actual vaccination since injectables are not part of scope of practice. Distributing antibiotics is allowed since therapeutics is a part of the scope of practice for the qualified Connecticut optometrist. Optometry should consider participating in the MRC for the reasons of supporting the

public and public health and to demonstrate the need for legislation for expanded scope. In an actual public health emergency, the system's capabilities will be overwhelmed. Capable professionals with the needed tools will be essential—optometry should be there and be allowed to deliver for the public."

For more information about the Medical Reserve Corps or to volunteer, visit www.medicalreservecorps.gov/.

Are you getting a First Look at the news?

Subscribe to AOA First Look, a summary of the day's news about eye care and medicine, delivered to your email inbox every morning. It's a free benefit exclusively for AOA members. To subscribe, send a note to addresschange@aoa.org.

AOA First Look is intended to provide an immediate, unfiltered look at the news that affects optometrists and our patients. To get the news to you quickly, and to ensure you are reading the same articles your patients might be, the AOA does not review or edit the news summaries prior to distribution. Publication of an article in First Look in no way implies the AOA's endorsement, agreement or promotion of a particular article.

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READY FOR SCHOOL



August is Children's Vision and Learning Month!

The beginning of the school year is fast-approaching, and many of your youngest patients will be paying your office a visit - perhaps even for the very first time. They might be nervous. They're certainly curious. Now is the time to stock up on AOA Order Department materials that are specifically designed to educate and entertain.



▲ TL1 Healthy Vision Fun Page
AOA member price: \$12.00 per pad of 100

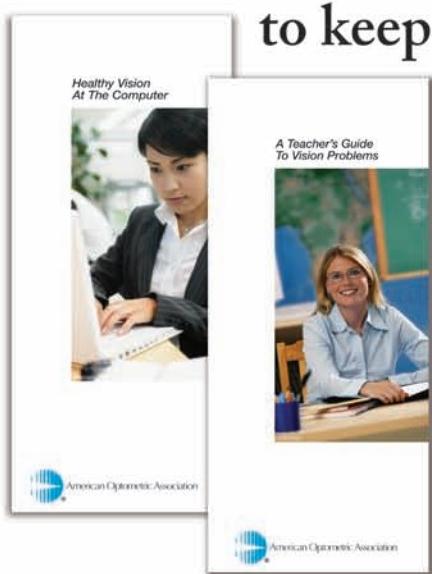


- ◀ WE-1 Be Wise About Your Eyes Activity Book
AOA member price: \$55.00/100, \$48.00/75,
\$40.00/50, \$30.00/25
- ◀ WE-S1 Be Wise Stickers (Rainbow)
AOA member price: \$10.00 per roll of 100.
- ◀ WE-S2 Be Wise Stickers (Eye Chart)
AOA member price: \$10.00 per roll of 100.



► ME1 3-D Magic Eye
AOA member price: \$12.00/100.

And don't forget about parents – as we have pamphlets to keep them informed as well.



- ◀ DP1 Healthy Vision At The Computer
- ◀ C10 A Teacher's Guide To Vision Problems
- ▶ C1 Your Preschool Child's Eyes
- ▶ C2 A Look At Reading And Vision
- ▶ C3 Your School-Age Child's Eyes

AOA member price: \$16.00/100.



There's still plenty of time.
Get yours today!

Call 1-800-262-2210 or visit
www.aoa.org and click on the
Online Store



American Optometric Association

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314.991.4100 F. 314.991.4101 | AOA.ORG

Make eye exams part of back-to-school routine

Majority of children start school without ever having an eye examination

Children across the country are gearing up for a new school year. Before heading back to the classroom, the AOA's campaign recommends a visit to the optometrist.

Healthy vision is an important part to the learning

process and success in school.

Reading, writing and computer work are among the visual skills that students are required to perform daily.

However, studies show that 86 percent of children start school without ever having an eye examination.

Many experts believe that approximately 80 percent of learning comes through a child's eyes.

Despite the strong correlation between vision and learning, many Americans underestimate the number of children affected by eye and

vision problems.

According to the AOA's 2009 American Eye-Q® survey, which assesses public knowledge and understanding of a wide range of issues related to eye and visual health, 88 percent of respondents did not realize that one

in four students have a visual impairment.

"Because a child's vision may change frequently, regular eye and vision care is crucial to a student's classroom success," said Michael Earley, O.D., the AOA's vision & learning specialist.

"Unfortunately, most parents are not including eye exams as part of their child's back-to-school health check-up."

According to the recent Eye-Q® survey, 58 percent of parents did not take their child for an eye exam until age 3 or older.

The AOA recommends that children have their first eye assessment at 6 months of age, then comprehensive eye exams beginning at age 3, before a child enters school, and then every two years, unless otherwise advised by an optometrist.

In between visits to the eye doctor, parents, as well as teachers, should keep a watchful eye out for some of the more prevalent signs that a child's vision may be impaired.

The AOA recommends that parents contact their doctor of optometry if their child frequently:

- ❖ Loses place while reading
- ❖ Avoids close work
- ❖ Tends to rub eyes
- ❖ Has headaches
- ❖ Turns or tilts head
- ❖ Makes frequent reversals when reading or writing
- ❖ Uses finger to maintain place when reading
- ❖ Omits or confuses small words when reading
- ❖ Consistently performs below potential
- ❖ Struggles to complete homework
- ❖ Squints while reading or watching television
- ❖ Has behavioral problems
- ❖ Holds reading material closer than normal

Many parents are not as aware of the less obvious warning signs of eye and vision problems.

The Eye-Q® survey

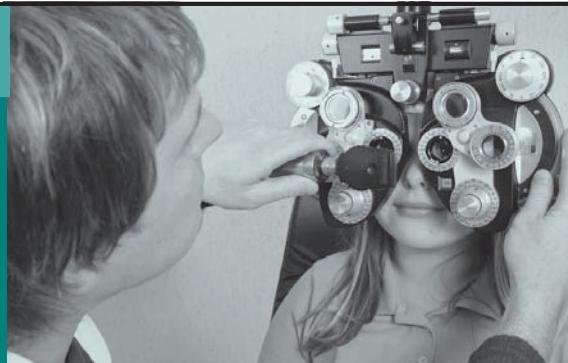
see Ready, next page



American Optometric Association

Endorsed Member Benefit

Protect Your #1 Asset



With the AOA-Endorsed Long Term Disability Income Insurance Plan

For most eye-care professionals, earning an income is their #1 asset. That's because all your other assets, like your home, your car, and your retirement savings depend on your ability to earn an income.

But if an injury or illness kept you from earning your income, how would you pay your everyday living expenses?

AOA understands how important your income is to your asset protection. That's why they endorse a Long Term Disability Income Insurance Plan that helps pay your expenses if you become disabled.

The AOA Long Term Disability Income Plan is designed to meet the needs of eye-care professionals and includes these valuable benefits:

- **Protects your earning power.** You can choose a monthly benefit up to \$6,000.00 a month (up to 60% of your income) that can help cover office expenses, mortgage, car payments, medical bills or any other expenses.
- **Pays benefits for the long haul.** If you become disabled, the plan pays you benefits up to age 65.
- **Includes a worksite modification benefit** that pays up to \$5,000.00 towards modification of your worksite if you need to accommodate your disability as you return to work.
- **Features affordable group discounted rates** based on the group buying power of the entire AOA membership.

And, now it's easier than ever to protect your #1 asset with the AOA Long Term Disability Plan. Just visit the new AOA Insurance Plans Web site at www.aoainsurance.com/LTD. You can learn more benefit details, review your rates and even start the application process!

Visit www.aoainsurance.com/LTD today!
or call 1-866-331-0180



¹Social Security Administration, Disability Benefits, November 2008. www.socialsecurity.gov/pubs/10029.pdf. Viewed 5/18/09

Underwritten by Unimérica Life Insurance Company. Administered by A.G.I.A Inc. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. Contact your plan administrator for specific coverage provisions or refer to Master Policy 1080. Underwritten by Unimérica Life Insurance Company, 145 Commercial Street, Portland, ME 04104.

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Long Term Disability Income Insurance

A Special Note to our Members

This is the third article in our series discussing the fundamentals of available insurance that can help protect you, your family and your practice. Because your ability to earn your income is one of your most valuable assets, we believe it is critically important to make sure yours is protected if an unexpected accident or illness leaves you disabled and unable to work.

T. Joel Byars, O.D.
Chairman, AOA Insurance Committee

Why this type of insurance?

What if an accident or illness kept you from working as a Doctor of Optometry? How would you make ends meet if you couldn't earn your income? Would you have to dip into your savings or take out loans to pay your everyday living expenses?

Many people believe that Social Security or Workers' Compensation will help them if they're disabled.

Unfortunately, Social Security disability benefits are limited: the average monthly benefit paid is only \$1,004 and more than half of disability claims are denied.

Workers' Compensation only pays if your disability was due to an accident that occurred while you were working—and this only accounts for 5% of all disabilities.¹

There is also a false sense of security when it comes to the risk of becoming disabled. Many people think it won't happen to them.

Unfortunately, recent statistics show that nearly one in three workers will become disabled before they reach retirement.² Disabilities not only occur because of accidents, but from simple back injuries to cancer, heart disease and osteoporosis.

Because the risk and the potential financial loss associated with a disability are so real, many Americans purchase Long Term Disability Income Insurance.

How does it work?

Long Term Disability Insurance provides monthly benefits to replace a certain percentage of your income. Most plans replace up to 60% of your income. This percentage is designed to prevent people from earning more income while disabled than when they were working.

Key features of Long Term Disability Insurance include:

- **Monthly income benefits.** Most policies have a maximum benefit amount you could collect based on the percentage of your income. Benefit amounts generally range from \$500 up to \$10,000.
- **Benefit payment period.** Many policies pay benefits for a specified number of years, for example five years. Some policies will pay benefits longer, up to age 65 if you are disabled.
- **Waiting period before benefits begin.** Most plans require you to wait before benefits start—the normal waiting period is 90 days, although some plans make you wait longer, up to 180 days and some plans will pay sooner, after 60 days.
- **Rehabilitation benefits.** Some plans work with you to get you back to work by providing rehabilitation services.
- **Disability payments.** Some plans continue to pay so long as you cannot work at your profession, as opposed to being able to work at nearly any job.

There are several places you can turn to for this type of coverage. Some employers provide this coverage as an employee benefit. But you should be aware of the tax consequence.

If your employer or business pays the premiums for your coverage, your disability income benefits will be taxed. However, if you purchase your own individual policy, benefits are usually tax-free. This is an important distinction to consider when deciding which option is best for you.

¹Life and Health Insurance Foundation, Why Devote a Month to Disability Insurance Awareness, 2009. <http://lifehappens.org/diam>, Viewed 5/18/09

²Social Security Administration, Disability Benefits, November 2008. www.socialsecurity.gov/pubs/10029.pdf. Viewed 5/18/09

found that only one-third of parents identified using a finger while reading (31 percent) or behavioral problems (35 percent) as potential signs of a vision impairment.

"It is especially important to monitor the signs and symptoms of vision problems as a student progresses in school," said Dr. Earley. "If a child's vision is impaired, increasing visual demands such as smaller print in textbooks or additional homework can significantly alter a student's performance. And new technology changes in the classroom, such as the use of interactive whiteboards, can also potentially exacerbate less obvious vision problems. Without healthy vision, students may suffer not only in the classroom, but also mentally, physically and emotionally."

Studies indicate that 60 percent of children identified as "problem learners" actually suffer from undetected vision problems and in some cases have been inaccurately diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD).

The earlier a vision problem is detected and treated, the more likely treatment will be successful.

Comprehensive eye exams play a critical role in this process. It is important to keep in mind that a school vision screening, while helpful, is not a substitute for a comprehensive eye examination.

Screenings vary in scope and are not designed to detect many visual problems that can significantly impact tasks like reading where more than clarity of vision is needed.

Comprehensive eye exams performed by optometrists are essential for clear, comfortable and healthy vision.

States including Kentucky, Missouri and Illinois have successfully established programs requiring mandatory eye exams for school-age children.



Abbott Medical Optics
Alcon
Allergan
Bausch & Lomb
CIBA Vision Corporation
CooperVision
Essilor of America
Eyemaginations
HOYA Vision Care
Johnson & Johnson Vision Care, Inc
Kemin Health
Luxottica Group
Marchon Eyewear
Optos
Shamir
TLC Vision Corporation
Transitions Optical
VSP Vision Care
VisionWeb

Industry Profile: Luxottica Group

Working Together to Support Industry Growth

Luxottica is deeply committed to supporting the profession of optometry and investing in the growth of quality eye care and eyewear for everyone.

This year, Luxottica executives traveled extensively throughout the country, meeting personally with independent vision care providers in an open dialogue focused on many growth areas. Sharing Luxottica's retail learnings...developing profitable new opportunities...and working together to grow the industry were among the topics of greatest interest to our partners. The concepts presented in these 'listen and learn' discussions have guided Luxottica in redefining the company's approach to supporting private practitioners and enhancing industry growth.

Sharing Retail and Wholesale Learnings

Through our wholesale and retail operations, we know that there are untapped opportunities that will enhance the growth of our partners. For example, sun protection is an emerging market, and Luxottica is helping to identify the best practices that combine eye health, fashion and customer lifestyle to better serve patients and increase compliance. Additionally, we have introduced a series of ABO-certified courses on managed care, branding and dispensing that can be downloaded from Luxottica University at our dedicated trade Web site www.luxandme.com.

Marketing Investments Increase Patient Traffic

Luxottica's marketing investments promoting quality eye care and eyewear top the industry. Programs are designed to increase patient traffic and benefit utilization through EyeMed and other Luxottica efforts. Additionally, Luxottica's consumer advertising messages reach millions of households and focus on patient education, compliance, eye health...and the brands that drive patients to purchase quality eyewear.

Launching The Working Together Series

On Sept. 9, 2009, Luxottica will launch The Working Together Series...Share, Inspire, and Lead...marking a milestone in the company's new, personalized approach to provide our partners with valuable information and create local professional communities. The Series is designed to foster meaningful dialogue and support the growth of private practitioners. Working Together events are scheduled across California and the West Coast, moving eastward throughout September and October. Private ODs, their staffs, and opticians will share their opinions and participate in valuable seminars and panel discussions conducted by Luxottica's senior executive.

The Working Together Series is the first of many upcoming educational investments and outreach efforts that will support the growth of independents and the optical industry.

Be sure to visit www.luxandme.com and view online programs such as staff training, continuing education, brand and sales materials and other practice-enhancing information.

By working together, we can achieve great success and change how the world thinks about their eyes!

Luxottica launches e-commerce store for Ray-Ban brand, Virtual Mirror tool

Luxottica announced the availability of e-commerce capabilities on Ray-Ban's U.S. Web site, www.rayban.com, beginning in July.

Ray-Ban is further advancing the brand experience by now featuring the new "Ray-Ban Store" section on its Web site that will allow consumers to shop online for Ray-Ban's classic iconic styles.

Ray-Ban e-commerce will house Ray-Ban Sun and Junior styles only, all available for purchase in a secure environment at the current manufacturer's suggested retail price policy.

Still featured on the Web site is Ray-Ban's store locator section that allows consumers to easily find an authorized Ray-Ban dealer.

Consumers now have the convenience of shopping online and also visiting their nearest Ray-Ban dealer.

Ray-Ban's innovation is confirmed with the Ray-Ban Virtual Mirror feature currently found on www.rayban.com.

This tool allows users to virtually try on and play with Ray-Ban's latest styles.

Using a webcam, the users can transform their

screen into a magic mirror and test online the most fitting and suitable style for them.

If undecided between models, this innovative technology takes a step forward, going even beyond the reality, allowing customers to compare two styles at the same time, without having to leave the screen.

Furthermore, users can also save, print and share their trials with friends.

The Virtual Mirror technology was developed for Ray-Ban by French company Fitting Box.

"Ray-Ban is the top-selling eyewear brand worldwide, and an e-commerce store is the next logical step in providing loyal consumers with immediate access to the iconic brand," said Pierre Fay Sr., vice president, Luxottica Wholesale, NA.

"We are launching e-commerce in the U.S. market first, where it was founded in 1937, because today it is still the leading market for the brand. Rayban.com allows the consumer to now easily find and purchase eyewear that suits their individual personality—which is the essence of Ray-Ban."





INDUSTRY NEWS

Essilor introduces lenses for golfers

Essilor of America, Inc. is now offering Definity Fairway™ Transitions® SOLFX lenses, a new progressive sunwear product designed specifically for presbyopic golfers looking to improve their game and conquer the course.

bines the patented Dual Add® 2.0 Technology and Ground View Advantage™ of Definity® lenses with the advanced photochromic technology of Transitions SOLFX sun lenses to allow golfers to follow the ball more clearly—from tee to green.

"With this exciting new lens offering, golfers will be able to read greens better in any sun condition, see the ball more clearly in all zones of vision and optimize performance while improving course management."

"Definity Fairway Transitions SOLFX lenses can help golfers see better and play smarter," said Carl Bracy, vice president of marketing for Essilor of America. "With this exciting new lens offering, golfers will be able to read greens better in any sun condition, see the ball more clearly in all zones of vision and optimize performance while improving course management."

The new product com-

In a double-blind, head-to-head clinical study of 28 presbyopic golfers, Definity lenses were chosen 7:1 over a competitive progressive addition lens for superiority in overall course play.

Like all Transitions SOLFX sunwear products, the new golf lenses help enhance visual performance by intuitively adjusting to all outdoor sun conditions.

The lenses change from amber to a darker brown out-

doors, improving contrast and depth perception to help golfers see the contour of the greens and better see the ball.

The lenses also block 100 percent of harmful ultraviolet (UV) and UVB rays and come automatically with Crizal Sun Mirrors™ with Scotchgard™ Protector, which reduce glare at every angle with improved scratch resistance and cleanability.

Beginning July 14, Definity Fairway Transitions SOLFX lenses will be available to eye care professionals in the following materials and product specifications:

- ❖ Material: Airwear® polycarbonate
- ❖ Sphere: +4.00 to -7.00
- ❖ Cylinder: Up to -4.00
- ❖ Add Power: +1.00 to +3.00
- ❖ Prism: Up to 6.00 D
- ❖ Systematic antireflective coating: Crizal Sun Mirrors with Scotchgard Protector (Silver only)
- ❖ Systematic Transitions treatment: SOLFX

For more information about Definity Fairway Transitions SOLFX lenses and product availability, visit www.Definity.com or www.Transitions.com/Sunwear.

Alcon to partner with AstraZeneca

Alcon announced it has entered into a five-year collaborative research agreement with AstraZeneca for the exclusive ophthalmic discovery and potential development rights to AstraZeneca's compound library.

The agreement matches Alcon's specific ophthalmic research capability with AstraZeneca's rich drug libraries and covers multiple classes of small molecules with compounds that already have been identified to have a strong scientific rationale for utility in ophthalmic disease.

The two companies are targeting development of

drugs to treat sight-threatening conditions such as glaucoma, wet and dry age-related macular degeneration and other retinal diseases, as well as ocular allergy, dry eye and other inflammatory eye conditions.

"Our agreement with AstraZeneca stems from our strategy of enhanced access to sources of technologies and compounds through partnership with leading biomedical research organizations," said Sabri Markabi, M.D., Alcon's senior vice president of research and development and chief medical officer.

Under the terms of the agreement, Alcon obtains

immediate access to thousands of AstraZeneca compounds in a variety of drug classes. AstraZeneca will hand over development and regulatory documentation associated with each compound as relevant to ophthalmology.

Alcon will perform and fund all research and development activities to move selected compounds forward.

The agreement provides for individual license agreements to be negotiated on a case-by-case basis for any compound that moves into clinical development, including regulatory milestone payments and royalties on product sales.



Marchon's Disney Power Rangers eyewear, shown above, includes colorful styles that combine fashion with adventure. The Disney Princess brand, shown at right, brings a collection of eyewear that will inspire little girls to dream.



CareCredit to support Eyemaginations' 3D-Eye Home

CareCredit recently announced its support of Eyemaginations' 3D-Eye Home, the patient education and marketing tool used by thousands of eye care practices in the United States.

Information on CareCredit's patient financing programs can be found in key surgical sections of the software where patients most frequently search for financing alternatives.

Eyemaginations, Inc. is a source for animated education solutions by eye care professionals around the world, and its latest offering, 3D-Eye Home, combines Web-based technology with state-of-the-art patient education tools. The software allows patients to learn more about their eyes in the comfort of their own home at their convenience.

Many doctors have added 3D-Eye Home to their comprehensive patient education programs.

For more information, visit www.eyemaginations.com.





MEETINGS

August

TENNESSEE OPTOMETRIC ASSOCIATION MEETING
August 27-30, 2009
Park Vista Resort Hotel
Gatlinburg, Tennessee
www.taoonline.org
1-800-451-2438

OPTOMETRIC EXTENSION PROGRAM VT/Visual Dysfunctions (OEP Clinical Curriculum)
August 27-31, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

September

ENVISION CONFERENCE
September 9-12, 2009
Westin Riverwalk Hotel, San Antonio, Texas Michael Epp
316/440-1515
Michael.epp@envisionus.com
www.envisionconference.org

OPTOMETRIC EXTENSION PROGRAM VT/Strabismus & Amblyopia September 10-13, 2009 Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

INTERNATIONAL SOCIETY OF CONTACT LENS SPECIALISTS CONGRESS
September 10-14, 2009
Langham Hotel, Boston, Ron Cedrone, O.D.
207/865-2050
www.iscls.net

ANNUAL FALL MEETING VERNON OPTOMETRIC ASSOCIATION
September 11-13, 2009
Hilton Hotel and Conference Center, Burlington, VT
David DiMarco, O.D.
412/334-3428
djd@nveyecare.net

OPTOMETRIC EXTENSION PROGRAM FOUNDATION 40TH ANNUAL COLORADO VISION TRAINING CONFERENCE September 11 - 13 2009 YMCA of the Rockies, Estes Park, Jennifer Redmond
720/870-2828
Jennifer@highlinevisioncenter.com or Jamie@highlinevisioncenter.com

69TH NORTHEAST CONGRESS OF OPTOMETRY
September 13-14, 2009
Westford Regency Inn and Conference Center, Westford, Massachusetts

Kathleen Prucnal, O.D.
978/597-5227
DRKAPRUCNAL@msn.com

OPTOMETRIC EXTENSION PROGRAM NORTHEAST CONGRESS
September 13-14, 2009
Westford Regency Inn, Westford, Massachusetts
Kathleen A. Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & MARCO MACULAR PROTECTIVE PIGMENT AND AGE-RELATED MACULAR DEGENERATION
September 16, 2009
Tiffany Diner, 9010 Roosevelt Blvd., Philadelphia, PA 19115
Richard H. Sterling, O.D.
267/474-3190
Rster9737@comcast.net
www.philaoptometry.org

MAINE OPTOMETRIC ASSOCIATION SEPTEMBER "FALL" CONFERENCE
September 18-20, 2009
Point Lookout, Northport, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

CONTINUING EDUCATION IN ITALY
September 21-24, 2009
Florence, Italy
Dr. James Fanelli
910/452-7225
faneleye@aol.com
www.CEinItaly.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS
September 24-26, 2009
Ramada Plaza Suites, Fargo, Nancy Kopp or Tracy Thomas
701/258-6766 or 877/637-2026 FAX: 701/258-9005
ndo@btinet.net
www.ndeyecare.info

CONTACT LENS ASSOCIATION OF OPHTHALMOLOGISTS (CLAO), September 24-26 Hyatt Regency Montréal
www.clao.org/annual.htm
(877) 501-3937

KENTUCKY OPTOMETRIC ASSOCIATION 2009 FALL EDUCATIONAL CONGRESS
September 25-27, 2009
Holiday Inn & Convention Center, Bowling Green, Kentucky
Sarah A. Jones
502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org
www.kyeyes.org

MISSOURI OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
October 1-4, 2009
www.moeyecare.org
573/635-6151

October

SOUTH DAKOTA OPTOMETRIC SOCIETY FALL CONVENTION
October 1-2, 2009
Rushmore Plaza Holiday Inn, Rapid City, South Dakota
Deb Mortenson
605/224-8199
FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

HOMECOMING AND FALL CE WEEKEND SOUTHERN COLLEGE OF OPTOMETRY
October 1-4, 2009
The Peabody Memphis, Memphis, Tennessee
800/238-0180, ext. 5 or 800/238-0180, ext. 4
ce@sco.edu or alumni@sco.edu
www.sco.edu/fallce09/

OHIO OPTOMETRIC ASSOCIATION EASTWEST EYE CONFERENCE
October 1-4, 2009
Cleveland, Ohio
800/999-4939
info@ooa.org
www.eastwesteye.org

KANSAS OPTOMETRIC ASSOCIATION FALL EYECARE CONFERENCE
October 2-4, 2009
Airport Hilton, Wichita, Kansas
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

41ST ANNUAL FALL SEMINAR MICHIGAN OPTOMETRIC ASSOCIATION
October 7-8, 2009
Lansing Center, Lansing, Michigan
www.michigan.aoa.org
517.482.0616

ILLINOIS OPTOMETRIC ASSOCIATION CONVENTION
October 8-11, 2009
Westin Northwest, Itasca, Illinois
Charlene Marsh
800/933-7289
ioabb@ioaweb.orG

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 39TH ANNUAL COVD MEETING
October 13-17, 2009
Marriott Denver Tech Center, Denver, Colorado
www.covd.org

IOWA OPTOMETRIC ASSOCIATION 2009 EDUCATION SEMINAR/HAWKEYE INSTITUTE
October 15-16, 2009
Waterloo, Iowa
Grace Kennedy
800/444-1772 or 515/222-5679
FAX: 515/222-9073

ARKANSAS OPTOMETRIC ASSOCIATION 2009 FALL CONVENTION
October 16-18, 2009
Hilton Memphis, Memphis, Tennessee
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC ASSOCIATION NOA Fall Conference
October 16-18, 2009
Holiday Inn & Convention Center, Kearney, Nebraska
402/474-7716
noa@assocoffice.net
www.noaonline.org

GREAT WESTERN COUNCIL OF OPTOMETRY GWCO 2009 Congress
October 22-25, 2009
Oregon Convention Center & Doubletree-Lloyd Center, Portland, Oregon
Martin L. Wangen, CAE
406/443-1160
FAX: 406/443-4614
mwangen@rmsmanagement.com
www.gwco.org

20TH ANNUAL EDUCATIONAL CONFERENCE Fellowship of Christian Optometrists, International
October 23-25, 2009
Abe Martin Lodge, Brown County State Park, Nashville, Indiana
850/471-7674
foreknown@aol.com
www.fcoint.org/conference.html

SUNY-COLLEGE OF OPTOMETRY 8TH ANNUAL ENVISION NEW YORK
October 24-26, 2009
New York, New York
Matthew Platamoto
212/938-5830
FAX: 212/938-5831
mplatamoto@sunyopt.edu
www.sunyopt.edu

November

OPTOMETRIC EXTENSION PROGRAM THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE (OEP Clinical Curriculum)
November 5-9, 2009
Western University College of Optometry, Pomona, CA
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP Clinical Curriculum)
November 5-9, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MISSISSIPPI OPTOMETRIC ASSOCIATION 2009 FALL CONTINUING EDUCATION CONFERENCE & EXPOSITION
November 6-8, 2009
Hilton of Jackson, Mississippi Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@adl.com
www.mseyes.com

MASSACHUSETTS SOCIETY OF OPTOMETRISTS FALL MEETING
November 8, 2009
Best Western Royal Plaza Hotel, Marlborough, Massachusetts Richie Lawless
508/875-7900
FAX: 508/875-0010
www.massoptom.org

ANNUAL CONVENTION HAWAII OPTOMETRIC ASSOCIATION
November 8-11, 2009
Mauna Lani Resort on the Island of Hawaii – “The Big Island” Charlotte Nekota
808/537-5678
e-mail: hoaopt@earthlink.net

AMERICAN ACADEMY OF OPTOMETRY November 11-14, 2009
Academy 2009 Orlando Orlando, Florida
Orlando World Center - Marriott www.aaopt.org

FALL EDUCATION CONGRESS AND VISION EXPOSITION NORTH CAROLINA STATE OPTOMETRIC SOCIETY November 13-15, 2009
Grove Park Inn, Asheville, North Carolina Sue Gardner or Roxanne Webb
252/237-6197
FAX: 252/237-9233
nceycare@aol.com

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & KEYSTONE EYE GROUP Diurnal Pressure Control for Glaucoma Patients & Surgical Lesions of the Eyelids with Cosmetic Update
November 18, 2009
Tiffany Diner, 9010 Roosevelt Blvd., Philadelphia, PA 19115 Richard H. Sterling, O.D.
267/474-3190
Rster9737@comcast.net
www.philaoptometry.org

MONTEREY SYMPOSIUM November 20-22, 2009
www.montereysymposium.com

December

OPTOMETRIC EXTENSION PROGRAM VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)
December 2-6, 2009
Phoenix, Arizona Theresa Krejci
800/447-0370

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org



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January 7-11, 2010

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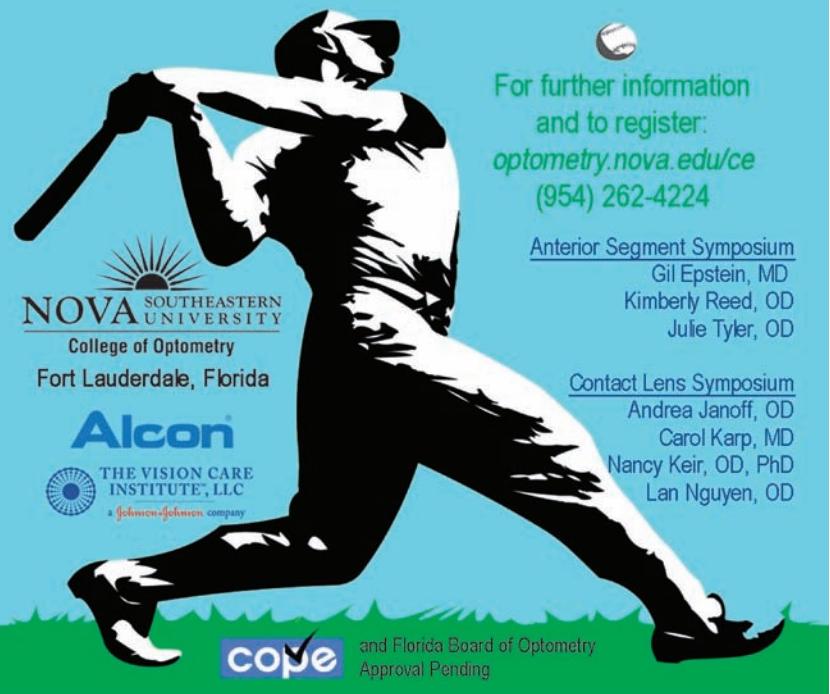
Fall Doubleheader!

Anterior Segment Symposium

Saturday, October 17, 2009

Contact Lens Symposium

Sunday, October 18, 2009



For further information
and to register:
optometry.nova.edu/ce
(954) 262-4224

Anterior Segment Symposium
Gil Epstein, MD
Kimberly Reed, OD
Julie Tyler, OD

Contact Lens Symposium
Andrea Janoff, OD
Carol Karp, MD
Nancy Keir, OD, PhD
Lan Nguyen, OD

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**Pennsylvania College of Optometry
Elkins Park, Pennsylvania**

For More Information

Website: www.salus.edu/ce

Email: jwilbur@salus.edu

Phone: 1.215.780.1380

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SHOWCASE



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Immediate availability; review of applications begins July 15, 2009, continues until position is filled. Send CV, statement of research/teaching interests, names/addresses of three professional references to: Maria Ahrens, Administrative Assistant to the Faculty, taylormb@umsl.edu (314) 516-5616. Electronic submissions preferred.

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Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA - do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.



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The preschool years, a time to grow	• Provide plenty of safe visually-guided	With today's diagnostic equipment and
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<p>They also may not be accurate in detecting eye problems, such as amblyopia (lazy eye) conditions which are easier to correct during preschool years.</p>	<p>Continuing care</p> <p>Unless your optometrist advises otherwise, we recommend that your child's next professional optometric examination should be at age five.</p>	<p>John C. Somebody, O.D. Doctor of Optometry</p>

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■ **General eyeglass prescription may not be appropriate.** Your eyes are usually larger and higher than a typical reading task. Glasses for most people wearing bifocals are not adjusted for this new distance or angle and therefore often are not adequate for using the computer.

■ **Repetitive and stressful tasks—** Difficult tasks are challenging. Don't forget to take occasional breaks and let the eyes look far away while resting.

Tips for Healthy, Comfortable Vision at the Computer

While decreasing time spent at a computer may not be an option, there are ways to maximize healthy vision for comfortable use of the computer.

■ **Have a regular comprehensive eye exam** to ensure your eyes are healthy and that you have the correct eyeglasses or contact lens prescription (if necessary). Be certain to tell your ophthalmologist about the computer work you do.

■ **Wear computer glasses** specifically designed to function comfortably at the computer. The lenses you wear for day-to-day activities may not be the best for working at the computer.

- Rest eyes
- Blink frequently
- Use a humidifier
- Install artificial tears

After you have had a comprehensive eye examination, there are a number of things that you can do to arrange and use the elements of your workstation to eliminate or minimize discomfort.

Workstation Setup for Comfortable Computer Use

■ **Feet** should be flat on the floor (or on a slightly angled foot rest) with knees bent close to or greater than 90 degrees.

■ **Chair seat** should support the legs without excessive pressure on the back of the thighs.

■ **The back** should be against the straight back spiral contour. Thigh-to-trunk angle should be 90 degrees or greater.

■ **Wrists and hands** should extend nearly straight from the elbow to the home row of the keyboard.

■ **A commonly preferred work surface height** for keyboard use is about 26° as opposed to the conventional 25° of most tables or desks.

■ **Place the monitor 20°–26°** from your eyes, depending on the size of the monitor and individual vision conditions.

■ **The monitor and keyboard should be straight ahead.**

■ **The top** of the monitor should be slightly below horizontal eye level. The center of the monitor away from you is at a 10 degree to 20 degree angle. The center of the monitor should be 10 inches to 20 degrees below your eyes. This is 4°–6° below your eyes at a distance of 24'.

■ **Keep the monitor free of fingerprints and dust.** Both can reduce clarity.

■ **Place document holders close to the screen** within the same viewing distance. Keep the keyboard and monitor in line.

■ **Adjust the keyboard** if it angle so that wrists are straight.

Healthy Computer Use

Although the visual system faces considerable challenges when using a computer, most issues can be solved. Remember that problems with the use of the computer cause needless discomfort and may rob productivity. Heeding the suggestions made here along with those made by your doctor of optometry, will enable you to use your computer comfortably and productively.

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Vol 1, Issue 1

Also Available Online... (more items coming soon)

The collage includes:

- A banner for "TAKE CONTROL of Diabetic Retinopathy Today for Healthy Vision Tomorrow".
- A banner for "TAKE CONTROL of Glaucoma Today for Healthy Vision Tomorrow".
- A brochure titled "What Is Diabetic Retinopathy?".
- A brochure titled "What Is Glaucoma?".
- A brochure titled "What causes Glaucoma?".
- A brochure titled "Symptoms: These may develop on time of Glaucoma".
- A brochure titled "Diagnosis: A comprehensive eye exam by your Doctor of Optometry may include".
- A brochure titled "Treatment: Eye detection and treatment are performed, and 'Taking Control' of Glaucoma is easier than ever—the earlier it's detected, the easier it is to treat".
- A brochure titled "Doctors on the Frontline of Eye and Vision Care".
- A booklet titled "CODES FOR OPTOMETRY 2009" by the American Optometric Association.
- A booklet titled "What You Need To Know About Cataract, Lasik, Hemeralg & Glaucoma".
- A booklet titled "Optometric Education: The Foundation for Life".
- A children's book titled "Be Wise About Your Eyes" featuring an owl and a doctor.
- A banner titled "How do we choose which children are okay to miss?". It features four children and the text: "Undiagnosed and untreated kids just when learning to read", "A small investment in today's children", and "Two-thirds of children are at risk".
- A banner titled "Let's help out! Please support screening".
- A banner titled "This 1/3... this 1/3... or this 1/3?".
- The text: "The National Eye Institute found that 1/3 of children with eye or vision problems are missed even in the best vision screenings. Our society can't afford to have even one child—let alone thousands—slip through the cracks and never reach their full potential because of preventable and treatable vision problems." followed by "Don't let this be your child".
- The American Optometric Association logo.
- A plaque for "Ocular Emergencies: What To Do".
- A plaque for "Code of Ethics".
- A plaque for "DOCTOR OF OPTOMETRY".

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.

A healthy, natural feeling all day, every day.



A woman with dark hair and a white tank top stands on a beach with her arms raised in a joyful pose. She is looking up towards the sky. In the background is a clear blue sky with some white clouds and a calm ocean. To the right of the woman, a box of AIR OPTIX AQUA contact lenses is displayed on the sand. The box is light blue with the product name in large letters and a small water droplet icon. Below the box, the text reads: "Your patients need it. And now you can deliver it. Recommend AIR OPTIX® AQUA contact lenses today for patients who want a healthy, natural feeling and comfort from breakfast to bedtime at a good value. • High oxygen transmissibility for white, healthy-looking eyes • Outstanding comfort with the AQUA Moisture System • Superior wettability¹ and excellent deposit resistance² Offer your patients comfort on contact, all day, every day, with one-month replacement AIR OPTIX® AQUA contact lenses."

See how natural they feel

See what the **Power Of One™** can do for your practice. To order your free trial lenses and Clear Care® Cleaning and Disinfecting Solution starter kits, contact your CIBA VISION® Corporation sales representative today, go to mycibavision.com or call **1-800-241-5999**.

Offer your silicone hydrogel lens wearers an **extra hour of comfort** with Clear Care® Cleaning and Disinfecting Solution³

#1 in cleaning⁴
#1 in comfort^{4,5}



CIBA VISION™

Shared Passion for Healthy Vision and Better Life

*AIR OPTIX® AQUA contact lenses: Dk/t = 138 @ -3.00D.

Important information for AIR OPTIX® AQUA contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

References: 1. CIBA VISION data on file, 2009. Ex vivo measurement of contact angles on lenses worn daily wear using Clear Care® Cleaning and Disinfecting Solution for cleaning and disinfection, compared to ACUVUE® OASYS®, ACUVUE® ADVANCE™, and PureVision® contact lenses. 2. CIBA VISION data on file, 2008. 3. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care® Cleaning and Disinfecting Solution to OPTI-FREE® RepleniSH® OPTI-FREE® EXPRESS®, COMPLETE® MoisturePLUS™, and ReNu MultiPlus® as a group. 4. Dillehay SM, McCarter HE, et al. A comparison of multipurpose care systems. *Contact Lens Spectrum*. 2002; 22(9):38-43. 5. Carnt N, Willcox MDP, Evans V, Naduvilath TJ, Tilia D, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum*. 2007; 22(9):38-43.

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